

RECEIVED
CENTRAL FAX CENTER

JUL 14 2006

Oleh Weres, PhD, Patent Agent
US Patent and Trademark Office Reg. No. 57,499

707-252-4620
707-252-8362-FAX
oweres@sonresco.com

101 S. Coombs St., Suite L
Napa, CA 94559
www.sonrescopatents.com

I hereby certify that the correspondence identified below is being facsimile transmitted to the
U.S. Patent and Trademark Office (Fax No. 571-273-8300) on July 14, 2006:

Power of Attorney, appointing Oleh Weres, Reg. No. 57,499, as practitioner for US
Patent Application of Carol Ann Trufant, No. 09/591,147 filed June 9, 2000.

Oleh Weres

Oleh Weres July 14, 2006

PTO/SB/01 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/591,147
Filing Date	9 June 2000
First Named Inventor	Trufant
Title	Intergroup Working Model for ...
Art Unit	3725
Examiner Name	Suhol., Dmitry
Attorney Docket Number	Trufant

**RECEIVED
CENTRAL FAX CENTER
JUL 14 2006**

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Oleh Weres	57,499

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name: Oleh Weres

Address: 101 S. Coombs Street
Suite L

City: Napa State: CA Zip: 94559

Country: USA

Telephone: 707-252-4620 Email: oweres@sonresco.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Carol Trufant</i>	Date	13 July 2006
Name	Carol Trufant	Telephone	510-206-3185
Title and Company	Not applicable		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.